



**CHANGE IN STATUS NOTIFICATION FOR
TEMPORARY/SEASONAL EMPLOYEE**

CURRENT

CHANGE

Employee Name: _____

Position Title: _____

Position Number: _____

Employee ID#: _____

Pay Rate: _____

Effective Date: _____

Fund: _____ **Department:** _____ **Unit:** _____ **Object:** _____

Reason: _____

Requesting Supervisor **Date**

Department Head **Date**

Next Level of Management **Date**

Human Resources Director **Date**